

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

06 - 320

MANUEL NIEVES

Plaintiff

V.

STATE OF DELAWARE

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, MANUEL NIEVES declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration DE., C.C., SMYRNAInmate Identification Number (Required): 464723Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

FUSA., SALARY 19000 am. 5 YEAR A GO FUSA 201 Walnut st. Wilm. DE. 198

3. In the past 12 months have you received any money from any of the following sources?

- | | | |
|---|---------|--|
| a. Business, profession or other self-employment | • • Yes | • • No <input checked="" type="checkbox"/> |
| b. Rent payments, interest or dividends | • • Yes | • • No <input checked="" type="checkbox"/> |
| c. Pensions, annuities or life insurance payments | • • Yes | • • No <input checked="" type="checkbox"/> |
| d. Disability or workers compensation payments | • • Yes | • • No <input checked="" type="checkbox"/> |
| e. Gifts or inheritances | • • Yes | • • No <input checked="" type="checkbox"/> |
| f. Any other sources | • • Yes | • • No <input checked="" type="checkbox"/> |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

FILED
MAY 17 2006

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

RO scanned

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? •• Yes •• No **X**
If "Yes" state the total amount \$ 20.64
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? •• Yes •• No **X**
If "Yes" describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

5/15/06

DATE

Manuel Mianes

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

06-320

TO: Manuel Nieves SBI#: 464723

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: May 9, 2006



Attached are copies of your inmate account statement for the months of ^{as scanned}
November 1, 2005 April 30, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Nov</u>	<u>17.93</u>
<u>Dec</u>	<u>18.15</u>
<u>Jan</u>	<u>27.64</u>
<u>Feb</u>	<u>2.17</u>
<u>March</u>	<u>19.59</u>
<u>April</u>	<u>37.01</u>

Average daily balances/6 months: 20.64

Attachments

CC: File

Stacy Shane
5/9/06

M. Nieves
norm public
5/10/06

Individual Statement

Date Printed: 5/9/2006

Page 1 of 1

For Month of November 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.56
00464723	Nieves	Manuel				
Current Location:	E	Comments:				
		Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Trans Type	Date					MO # or Ck #
Mail	11/8/2005	\$50.00	\$0.00	\$0.00	\$50.56	181164
Canteen	11/17/2005	(\$50.50)	\$0.00	\$0.00	\$0.06	185442
Mail	11/28/2005	\$26.00	\$0.00	\$0.00	\$26.06	188465
						9340651912
						08380942605
					Ending Mth Balance:	\$26.06

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/9/2006

Page 1 of 1

For Month of December 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$26.06
00464723	Nieves	Manuel				
Current Location:	E	Comments:				
Deposit or Withdrawal						
Trans Type		Date	Amount	Medical Hold	Non-Medical Hold	
Canteen		12/8/2005	(\$26.02)	\$0.00	\$0.00	
Mail		12/16/2005	\$40.00	\$0.00	\$0.00	
Canteen		12/22/2005	(\$20.15)	\$0.00	\$0.00	
Canteen		12/29/2005	(\$19.77)	\$0.00	\$0.00	
					Balance	Trans #
					\$0.04	193189
					\$40.04	196310
					\$19.89	198384
					\$0.12	201168
					MO # or Ck #	PayTo
					08547549783	
						SourceName
						D. COSME
					Ending Mth Balance:	\$0.12

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

**Individual Statement
For Month of January 2006**

Date Printed: 5/9/2006

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SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.12
00464723	Nieves	Manuel				
Current Location:		E	Comments:			
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
MO # or Ck #	PayTo	SourceName				
Mail	1/9/2006	\$50.00	\$0.00	\$0.00	\$50.12	205864
MO # or Ck #	PayTo	SourceName				
Mail	1/9/2006	\$10.00	\$0.00	\$0.00	\$60.12	205866
MO # or Ck #	PayTo	SourceName				
Visit	1/18/2006	\$10.00	\$0.00	\$0.00	\$70.12	210503
MO # or Ck #	PayTo	SourceName				
Canteen	1/19/2006	(\$47.79)	\$0.00	\$0.00	\$22.33	210759
MO # or Ck #	PayTo	SourceName				
Canteen	1/26/2006	(\$7.60)	\$0.00	\$0.00	\$14.73	213686
Ending Mth Balance:					\$14.73	

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/9/2006

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For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$14.73			
00464723	Nieves	Manuel							
Current Location:	E	Comments:							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	2/1/2006	(\$7.15)	\$0.00	\$0.00	\$7.58	215185			
Canteen	2/9/2006	(\$7.58)	\$0.00	\$0.00	\$0.00	220840			
					Ending Mth Balance:	\$0.00			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/9/2006

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For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00			
00464723	Nieves	Manuel							
Current Location:	E	Comments:							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Mail	3/2/2006	\$50.00	\$0.00	\$0.00	\$50.00	230468	9616381097		D COSME
Canteen	3/9/2006	(\$32.94)	\$0.00	\$0.00	\$17.06	232785			
Canteen	3/23/2006	(\$15.02)	\$0.00	\$0.00	\$2.04	240389			
					Ending Mth Balance:	\$2.04			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Individual Statement

Date Printed: 5/9/2006

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For Month of April 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$2.04				
00464723	Nieves	Manuel								
Current Location:		E	Comments:							
							</			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00